

# Healthy Youth



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## **Implementing a Coordinated School Health Program: One Local School's Success**

### **Public Health Problem**

Florida schools serve 2.7 million students, approximately 20% of whom live in poverty. In 1999, 81% of Florida's youth (aged 10–24 years) did not attend daily physical education classes, 78% did not participate in any moderate physical activity, 74% did not eat the recommended five servings of fruits and vegetables per day, and about half (48%) consumed alcohol during the month preceding survey or had engaged in sexual intercourse (50%).

### **Evidence That Prevention Works**

Health education in schools can reduce the prevalence of health risk behaviors among young people. For example, health education resulted in a 37% reduction in the onset of smoking among 7<sup>th</sup> graders. In addition, obese girls in the 6<sup>th</sup> and 8<sup>th</sup> grades lost weight through a program at school, and students who attended a school-based life-skills training program were less likely than other students to smoke or use alcohol or marijuana.

### **Program Example**

Florida is one of 20 states funded by CDC for coordinated school health programs (CSHPs). CSHPs provide a well-rounded approach to school health that includes health education, physical education, health services, nutrition services, health promotion for staff, counseling/psychological services, a healthy school environment, and parent and community involvement. In Sarasota, the principal of McIntosh Middle School, who was concerned about the impact of health problems on the attendance and performance of students and staff, committed the school to a 3-year state program to establish a CSHP. Using CDC's School Health Index, the school's site-based team assessed the school's resources, developed an action plan, and integrated the CSHP into the school's operations and curriculum. Implementing a CSHP has generated access to additional resources for students and staff, improved school attendance, and increased the percentage of students who scored 3.0 or higher on a state-mandated writing assessment. In addition, the majority of students at McIntosh Middle School are Renaissance members, an honor that requires a grade point average of 3.0 or above and no referrals for discipline. The Florida Department of Education identified McIntosh as a Five-Star School with a state grade of "A," and the department also recognized the school as a "Sunshine State Success Story: Emphasizing Teaching Standards Through Health 2001–2002" for making wellness a cornerstone of its education.

### **Implications**

CSHPs provide a focal point for collaboration and are a good use of resources to improve the health of youth and the adults they will become. These results show how a coordinated school health program improves learning, performance, and health for students and teachers.

### **Contact Information**

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## **Preventing and Reducing Obesity Through a Coordinated School Health Program, Partner Education, and Collaboration**

### **Public Health Problem**

West Virginia schools serve 301,000 students, approximately 25% of whom live in poverty. In 1999, 69% of West Virginia's youth (aged 10–24 years) did not attend daily physical education classes, 75% did not participate in any moderate physical activity, 80% did not eat the recommended five servings of fruits and vegetables per day, 16% were at risk for obesity, and 12% were obese.

### **Evidence That Prevention Works**

Health education in schools can reduce the prevalence of health risk behaviors among young people. For example, health education resulted in a 37% reduction in the onset of smoking among 7<sup>th</sup> graders. In addition, obese girls in the 6<sup>th</sup> and 8<sup>th</sup> grades lost weight through a program at school, and students who attended a school-based life-skills training program were less likely than other students to smoke or use alcohol or marijuana.

### **Program Example**

Using CDC funds, West Virginia established coordinated school health programs (CSHPs), giving its students the advantages of a well-rounded approach to school health that includes health education, physical education, health services, nutrition services, counseling/psychological services, a healthy school environment, and parent and community involvement. Through a revision of West Virginia's Board of Education Policy, the President's Physical Fitness Test became a school accreditation standard. In each school, 40% of students must pass the test or the school must demonstrate improvement over 3 years. Statewide, the proportion of children passing increased from approximately 5% in 1992 to 40% in 1999. From 1992 to 2000, more than 700 physical education teachers or health teachers received training related to CSHPs. The West Virginia Department of Education (WVDE) also held training sessions for physical educators to introduce the Physical Education Instructional Goals and Objectives and to emphasize lifetime fitness in physical education programs. Partnerships were also established, including the WVDE Office of Healthy Schools, the Office of Child Nutrition, and the West Virginia Nutrition Coalition, which collaborated on the planning and delivery of a week-long nutrition symposium.

### **Implications**

CSHPs provide a focal point for collaboration and are a good use of resources to improve the health of youth and the adults they will become. This program demonstrates the importance of a comprehensive approach to school health. Strong policy helps develop an environment that promotes improved health behaviors, and health education and physical education develop the knowledge, attitudes, and skills students need to engage in healthy eating and physical activity.



## **Preventing and Reducing Obesity Through a Coordinated School Health Program**

### **Public Health Problem**

Wisconsin schools serve 1.2 million students. In 2001, more than half (57%) of Wisconsin's youth (aged 13–18 years) did not attend daily physical education classes. In 2001, 15% were at risk for obesity, 10% were obese, and 88% did not consume the recommended five or more servings of fruits and vegetables on the day before the survey.

### **Evidence That Prevention Works**

Health education in schools can reduce the prevalence of health risk behaviors among young people. For example, health education resulted in a 37% reduction in the onset of smoking among 7<sup>th</sup> graders. In addition, obese girls in the 6<sup>th</sup> and 8<sup>th</sup> grades lost weight through a program at school, and students who attended a school-based life-skills training program were less likely than other students to smoke or use alcohol or marijuana.

### **Program Example**

Using CDC funds, Wisconsin established coordinated school health programs (CSHPs), giving its students the advantages of a well-rounded approach to school health that includes health and physical education, health and nutrition services, counseling/psychological services, a healthy school environment, and parent and community involvement. In 2001, in collaboration with the University of Wisconsin, the state's Department of Public Instruction (DPI) established an annual Best Practices in Physical Activity and Health Education Symposium, a 2-day staff development workshop for teachers. The DPI and Department of Health and Family Services were also awarded \$700,000 in additional CDC funding for a cardiovascular disease prevention project in Milwaukee Public Schools, resulting in enhanced nutrition education, school meals, and opportunities for physical activity. All Wisconsin school districts received nutrition education information and training opportunities. More than 3,200 staff were trained in topics such as the Dietary Guidelines for Americans 2000, the importance of a good breakfast, the relationship of nutrition to learning, and school nutrition policies to support healthy eating. In 2001, along with the state school health and physical education association, the DPI implemented "Movin' Schools," a complement to CDC's Youth Media Campaign. More than 10,000 young people increased their physical activity through school-linked activities in 2002.

### **Implications**

CSHPs are a vehicle for collaboration and are a good use of resources to improve the health of youth and the adults they will become. This program demonstrates how dollars invested in CSHPs deliver information and ideas for healthier living to thousands of students and their families.

### **Contact Information**

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